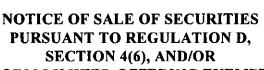
FORM D

143268Z

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



Vrigi.	na			
OMB APPROVAL				
OMB Num	ber:	3235-007	6	
Expires:	June	30,2008	7	
Estimated 1	averag	ge bürden	اد	



hours per response. 16.00

UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock Offering	OLC STANDARD
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6 Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	Washington, DC
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Sprig Toys, Inc.	104
Address of Executive Offices (Number and Street, City, State, Zip Code) 321 Maple Street, Fort Collins, CO 80521	Telephone Number (Including Area Code) (970) 472-0321
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Toy Design and Manufacture Type of Business Organization	PROCESSED
✓ corporation ☐ limited partnership, already formed ☐ other (☐ business trust ☐ limited partnership, to be formed	please specify): JUL 2 3 2008
Month Year Actual or Estimated Date of Incorporation or Organization: 111 017 Actual Esti Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)	mated THOMSON REUTE
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given I which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20	0549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Storey, Craig Business or Residence Address (Number and Street, City, State, Zip Code) 321 Maple Street, Fort Collins, CO 80521 Check Box(es) that Apply: ☐ Beneficial Owner ☑ Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Monahan, R. David Business or Residence Address (Number and Street, City, State, Zip Code) 321 Maple Street, Fort Collins, CO 80521 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Bowen, David Business or Residence Address (Number and Street, City, State, Zip Code) 321 Maple Street, Fort Collins, CO 80521 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Discoe, Justin Business or Residence Address (Number and Street, City, State, Zip Code) 321 Maple Street, Fort Collins, CO 80521 General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Clemmer, Christopher Business or Residence Address (Number and Street, City, State, Zip Code) 321 Maple Street, Fort Collins, CO 80521 Director Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Wolfe, David Business or Residence Address (Number and Street, City, State, Zip Code) 2609 Production Road, Virginia Beach, Virginia 23451 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

2609 Production Road, Virginia Beach, Virginia 23451

Murane, Peter

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Executive Officer General and/or Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) BrandJourney Capital, LP Business or Residence Address (Number and Street, City, State, Zip Code) 2609 Production Road, Virginia Beach, Virginia 23451 Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes	No E			
2. What is the minimum investment that will be accepted from any individual?										\$_N/A	<u> </u>		
7											Yes	No	
3. A										K			
•	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	lumber and	d Street, Ci	ity, State, Z	Cip Code)				<u> </u>		
Nar	ne of As	sociated Br	oker or Dea	aler							·		
Sta	tes in WI	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	·					
	(Check	"All State:	s" or check	individual	States)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••		*************************		☐ Al	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if indi	ividual)						-			
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)					···	
Nai	me of As	sociated Bi	oker or De	aler				····	·				
Sta	tes in Wi	nich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers	i			•		
	(Check	"All State:	s" or check	individual	States)		***************************************	•••••		***************************************		☐ Al	States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA (KY) NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		<u>\$</u>
	Equity	\$ 2,749,998.79	\$_2,749,998.79
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	s	\$
	Other (Specify)		
	Total	\$_2,749,998.79	\$ 2,749,998.79
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	8	<u>\$</u> 2,749,998.79
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		s
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	П	\$
	Printing and Engraving Costs		\$
	Legal Fees	Z	\$ 100,000.00
	Accounting Fees	_	\$
	Engineering Fees	-	\$
	Sales Commissions (specify finders' fees separately)	-	\$
	Other Expenses (identify)		\$
	Total	(2)	\$ 100,000.00

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1		
	and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers.	
		Directors, & Affiliates	Payments to Others
	Salaries and fees	\$ 50,000.00	<u> </u>
	Purchase of real estate		□ \$
	Purchase, rental or leasing and installation of machinery and equipment		
	Construction or leasing of plant buildings and facilities		s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬\$	□\$
	Repayment of indebtedness		
	Working capital		
	Other (specify):	_	
		s	s
	Column Totals	Z \$ 200,002.00	2,449,996.7 9
	Total Payments Listed (column totals added)	Z \$ 2,6	649,998.79
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	
Iss		Date	
Sr	oria Toys, Inc.	July 10, 2008	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Title of Signer (Print o

President and CEO

Name of Signer (Print or Type)

Craig Storey

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)